

Case Number:	CM14-0005872		
Date Assigned:	02/12/2014	Date of Injury:	04/20/2010
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female who reported an injury to her low back, left hip, and bilateral knees. The clinical note dated 04/30/12 indicates the injured worker able to demonstrate 140 degrees of right knee flexion and 130 degrees of left knee flexion. The note indicates the injured worker having previously undergone 12 sessions of aquatic therapy. The injured worker also has been utilizing a left knee brace in order to increase support and stabilization. The note further indicates the injured worker utilizing Ultram for pain relief at that time. The clinical note dated 06/25/13 indicates the injured worker continuing with left knee pain. Upon exam, the injured worker was identified as having a positive grind test on the left. Crepitus was also identified at the left knee. The clinical note dated 08/26/13 indicates the injured worker having previously undergone an MRI of the left knee in July of 2012 which revealed a lateral patellar tilt with mild chondromalacia at the patella. The injured worker was recommended for a weight loss program at that time. The clinical note dated 11/19/13 indicates the injured worker continuing with the use of a knee brace. The note indicates the injured worker continuing to be recommended for aquatic therapy at that time. The clinical note dated 11/27/13 indicates the injured worker being recommended for a surgical intervention at the left knee. The injured worker was able to demonstrate 0 to 123 degrees of range of motion at the left knee with continued crepitus. The clinical note dated 12/04/13 indicates the injured worker continued to be recommended for a surgical intervention at the left knee. The utilization review dated 12/19/13 resulted in a denial for crutches and a brace as no information had been submitted confirming the injured worker's approval for surgery at the knees.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CRUTCHES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg Chapter, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: According to the Official Disability Guidelines, "Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals."The documentation submitted for review indicates the injured worker complaining of left knee pain with associated range of motion deficits. The documentation indicates the injured worker being recommended for a surgical intervention at the left knee. However, no information was submitted regarding confirmation of the injured worker's approval for the surgical intervention. Therefore, it is unclear if the injured worker would require postoperative treatments to include crutches and a brace in the postoperative setting. Therefore, the request for crutches are not medically necessary and appropriate.

T-ROM BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee And Leg Chapter, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: According to the Official Disability Guidelines regarding the criteria for the use of knee braces, states, "prefabricated knee braces may be appropriate in patients with one of the following conditions: knee instability; ligament insufficiency/deficiency; reconstructed ligament; articular defect repair; avascular necrosis; meniscal cartilage repair; painful failed total knee arthroplasty; painful high tibial osteotomy; painful unicompartmental osteoarthritis; and tibial plateau fracture." Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: abnormal limb contour, such as: valgus [knock-kneed] limb; varus [bow-legged] limb; tibial varum; disproportionate thigh and calf (e.g., large thigh and small calf); and minimal muscle mass on which to suspend a brace." The documentation indicates the injured worker complaining of left knee pain with associated range of motion deficits. The documentation indicates the claimant was being recommended for a surgical intervention at the left knee. However, no information was submitted regarding confirmation of the injured worker's approval for the surgical intervention. Therefore, it is unclear if the claimant would require postoperative treatments to include crutches and a brace in the postoperative setting. Therefore, the request for a T-Rom brace is not medically necessary and appropriate.